



**City of Atlanta  
Mayor Reed's Volunteer Recycling  
Ambassador Program Application**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Quadrant \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Group Affiliation, if any \_\_\_\_\_

If you are a member of a group, are you the group's designated spokesperson?

( ) Yes ( ) No

Quadrant that you would like to cover (NW, SW, or SE) \_\_\_\_\_

\*\*\*\*\*CONSENT OF PARENT OR GUARDIAN IF VOLUNTEER IS UNDER AGE 18\*\*\*\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Date Application Accepted: \_\_\_\_\_ Volunteer ID#: \_\_\_\_\_

Area Assigned: \_\_\_\_\_

Liability Waiver Attached ( ) Yes ( ) No

Application Accepted/Processed By: \_\_\_\_\_